CALIFORNIA HAZARDOUS WASTE MANIFEST State Department of Health Services (1) Manifest See reverse side for Instructions. HAZARDOUS MATERIALS MANAGEMENT SECTION Please type or print clearly. Press Hard. 744 P Street, Sacramento, CA 95814 SFUND RECORDS CTR (4) Alternate TSD Facility GENERATOR (Generator Must Complete) Designated TSD Facility (Authorized to operate under an approved state program or federal program) 999000922 ALUMINUM COMPANY OF AMERICA CHEMICAL WASTE MANAGEMENT INC. OPERATING INDUSTRIES, INC. **VERNON WORKS** (2) Name 0 0 6 DIO 8 0 0 EPA NO. EPA NO. EPA NO. Address P.O. Box 1104, 430 W. Elm Ave. Phone No. 588-6141 Address 900 N. Potrero Grande Dr. Address 5151 Alcoa Ave. Monterey Park, Ca. City, State, Zip Coalinga, Ca. 93210 Vernon, Ca. 90058 City, State, Zip City, State, Zip WEIGHT OR U.S. DOT PROPER SHIPPING NAME VOLUME CONTAINERS NUMBER: _ TYPE: DRUMS BAGS CARTONS WASTE ☐ TANK TRUCK □ DUMP TRUCK WASTE OTHER. Aluminum Fabrication (8) GENERATING PROCESS _ 6 WASTE CATEGORY (7) EX. HAZ. WASTE PERMIT NO. CONC. RANGE CONC. LIST COMPONENTS: LOWER UNITS UNITS (9) A. □ % □ ppm. 100 □ % □ ppm. Non Hazardous Material (10) WASTE PROPERTIES: pH. ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Sensitizer ☐ Reactive ☐ Carcinogen/Mutagen Aluminum Oxides & Water (11) PHYSICAL STATE: ☐ Solid M Liquid X Sludge ☐ Gas ☐ Slurry SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Respirator Other_ ☐ Googles GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 nature of Authoria TRANSPORTER (HAULER MUST COMPLETE) ASBURY OIL CO. (14) NAME EPA NO. 13419 Halldale Avenue __PHONE NO. (213) 321-1392 Gardena, California 90249 CITY, STATE, ZIP. ignature of Authorized Agent and Title TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) 248 QUANTITY (If Measured)..... HANDLING OR DISPOSAL METHOD: ☐ Surface Impoundment ☐ Landfill PHONE NO. (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND ☐ Treatment (Specify) _ SHIPMENT: Recovery or Reuse ☐ Storage/Transfer

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

(22) NAME EPA NO. Signature & Authorized Agent and Title Date Accepted